



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare &
Medicaid Services

Refer to DMCH: SJ

Region II
Federal Building
26 Federal Plaza
New York, N.Y. 10278

March 09, 2011

Jason A. Helgeson
State Medicaid Director
Deputy Commissioner
New York State Department of Health
Corning Tower
Empire State Plaza
Albany, New York 12237

Dear Commissioner Helgeson:

This is to notify you that New York State Plan Amendment (SPA) #10-38 has been approved for adoption into the State Medicaid Plan with an effective date of September 16, 2010. The SPA imposes a 1.1% reduction uniformly across most payments made for non-institutional Medicaid services provided on and after September 16, 2010 and will be in effect through March 31, 2011.

This SPA approval consists of the following 5 Pages for inclusion in the State Plan: Attachment 4.19B-Page A, A(1), A(2), A(3) and A(4). All of these Pages are new Pages to be made part of the State Plan, and do not replace any existing Pages currently in the State Plan.

As previously discussed with the State, CMS has identified concerns in the coverage and reimbursement sections of the approved State Plan. In accordance with the State Medicaid Director's letter dated October 1, 2010 (SMD #10-20) regarding SPA processing, we will send a separate letter to address those concerns. With this letter, we are enclosing the copies of SPA #10-38 and the HCFA-179 form, as approved.

If you have any questions or wish to discuss this SPA further, please contact Ricardo Holligan or Shing Jew of this office. Mr. Holligan may be reached at (212) 616-2424, and Mr. Jew's telephone number is (212) 616-2426.

Sincerely,

/s/

Michael J. Melendez
Acting Associate Regional Administrator
Division of Medicaid and Children's Health

Enclosure: SPA #10-38
HCFA-179 Form

CC: JUlberg
PMossman
KKnuth
SGaskins
RWeaver
LTavener
GCritelli
MSamuel
SJew